## -DECLARATION AND POWER OF ATTORNEY FOR PATERY APPLICATION OCKET NO. MSLIN98-005

As a below named Inventor, I hereby seclare that:

Citizenship

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled A Multiple Selectable Function Integrated the specification of which (check one) X is attached hereto. was filed on Application Serial No. and was amended on (if applicable) I hereby state that I have reviewed and understand the contents of the above Identified specification including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: Prior Foreign Application(s) ij Priority Claimed: (Number) (Country) (Day/Month/Year Filed) (Number) . (Country) (Day/Month/Year Filed) Thereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: (Application Serial No.) (Filing Date) (Status) (patented, pending, abandoned) Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. POWER OF ATTORNEY. As a mamed inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name & registration no.) GEORGE 0. SAILE. (Reg. No. 19,572), STEPHEN B. ACKERMAN (Reg. No. 37,761) Send Correspondence to: 20 MCINTOSH DRIVE, POUGHKEEPSIE; NEW YORK 12603 Direct telephone Calls to: (name & telephone number) GEORGE 0. SAILE NEW YORK 914 452 5863 <u>- SH IUNG</u> Full name of sole or first inventor

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## STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(b))-INDEPENDENT INVENTOR

Docket Number (Optional)
MSTALQQ - (XX)

		THISCRIA SIN COS
Applicant, Patentee, or Identifier:	MOU-SHIUNG LIN	J
Application or Patent No		
Filed or Issued:		
Title: A Multiple Selectable Function Integrated Circuit Module		
As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:		
the specification filed here	with with title as listed above.	•
the application identified above.		
the patent identified above.		
I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).		
Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:		
No such person, concern, or organization exists.		
Each such person, concern, or organization is listed below.		
•		
acknowledge the duty to file, in this	is application or patent, notification of any	change in status resulting in loss of
eminimum to small etitity status is	prior to paying, or at the time of paying, and which status as a small entity is no lor	the earliest of the issue for any
MOU. SHIUNG LIN		
NAME OF INVENTOR	HAMEOFINVENTOR	NAME OF INVENTOR
Massy P.		
Bigliatore of investor	Signature of inventor	Signature of Inventor
January 25, 1999	Date	Date
) /		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual rase. Any comments on the amount of line you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office. Washington, DC 20231. DO NOT SENO FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.